



# VASCULAR & INTERVENTIONAL PHYSICIANS



VIP OFFICE

6685 NW 9th Blvd., Gainesville, FL 32605  
(352) 333-7VIP (7847) · FAX (352) 333-0990

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

SS#: \_\_\_\_\_

☆ Your Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☆

Dr. Name: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_ Dr. FAX: \_\_\_\_\_

☐ SEND CD/DVD VIA PATIENT ☐ COPY TO: \_\_\_\_\_

DX History & Notes: \_\_\_\_\_

Insurance: \_\_\_\_\_ X: \_\_\_\_\_ / \_\_\_\_\_

\*Requires Initial Consultation

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Arterial	Aspiration/Drainage	Arthrogram/Joint Injections	
Peripheral Arterial Disease Consult (PAD)*	Existing Drainage Catheter Evaluation	MR Arthrogram	CT Arthrogram
BPH / Prostate Artery Embolization*	Location:	Shoulder	L / R
Lower Extremity Arterial Testing (ABI)	Seroma/Abscess Evaluate and Drain	Hip	L / R
Genicular Artery Embolization*	Location:	Wrist	L / R
Gynecologic/Pelvic Procedures	Thoracentesis:	Knee	L / R
Hysterosalpingogram	Diagnostic - Labs on Fluid (Attach List)	Ankle	L / R
Uterine Fibroid / Uterine Artery Embolization*	Therapeutic	Ultrasound	
Pelvic Venous Insufficiency*	Paracentesis:	Aorta Duplex	
Oncology	Diagnostic - Labs on Fluid (Attach List)	Renal Duplex	L / R / B
Radiofrequency Ablation (RFA) (Specify Site)*	Therapeutic	Carotid Duplex	
Cryoablation (Specify Site)*	Pleurx Drain Placement	Abdominal Duplex	
Selective Internal Radiation Therapy (SIRT)/Y90	G/GJ Tube:	Upper Extremity Arterial Duplex	L / R / B
Port Placement	Placement	Upper Extremity Venous Duplex	L / R / B
Port Removal	Removal	Lower Extremity Arterial Duplex	L / R / B
Arteriography	Exchange	Lower Extremity Venous Duplex	L / R / B
Abdominal Aortogram / Runoff (Lower Extremity)*	Cholangiogram w/ Biliary Catheter/Stent Eval	Dialysis	
Renal Artery*	Neph Tube/SP Tube:	HDC Placement	
Arch & Carotid/Cerebral*	Placement	HDC Removal	
Mesenteric Artery*	Removal	HDC Evaluation / Revision	
Upper Extremity* L / R / B	Exchange	AV Fistulagram Non-Clotted	
Venous	Biopsy (Imaging Review Required)	AV Fistulagram Clotted	
Tunneled Cath (CVC):	Soft Tissue / Neck	Request for IR Consult:	
Placement	Lymph Node (Specify Site):	Be specific- VIP may contact referring office for further information:	
Removal	Lung L / R		
Eval / Exchange	Liver		
IVC Filter*:	Kidney L / R		
Placement	Bone Marrow		
Removal	Bone (Please Specify Site):		
Deep Vein Thrombosis (DVT) Consult	Fine Needle Aspiration (Other Than Breast):		
Vertebral Body Augmentation	(Specify Site) (No Thyroid):		
Vertebroplasty / Kyphoplasty (Consult/Treat as needed) (Imaging Review Required):		VIP TECH ONLY:	
Sacroplasty (Consult/Treat as needed) (Imaging Review Required):	Other Type of Biopsy (Specify Site):	Comparison Studies:	
Fracture Levels: _____		<input type="checkbox"/> DIG <input type="checkbox"/> NFRMC	
		History:	

\*Requires Initial Consultation

SEE OTHER SIDE FOR INSTRUCTIONS AND LOCATION

REV. 4/28/25

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## PATIENT INSTRUCTIONS

### SPINE PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.
- Patients with contrast dye allergy must be pre-medicated, please contact our office for instructions.
- Coumadin, Aspirin, Plavix and any other blood thinners must be discontinued 5 days prior to the procedure.
- Patients should bring their diagnostic studies (MRI, CT, X-rays) with them if they were not performed at our office or NF HCA
- Patients not to eat or drink 2 hours prior to lumbar procedures and 4 hours prior to cervical procedures.
- Patients should expect to spend a minimum of 2 hours in our office. This includes check-in, procedure and observation after the procedure.
- Spinal injections may not be performed on patients with existing illness or infection.
- Please contact our office nurse with any further questions.

### BIOPSY PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.
- Coumadin, Aspirin, Plavix and any other blood thinners must be discontinued 5 days prior to the procedure.

### ASPIRATION & PARACENTESIS/THORACENTESIS PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.

### ARTERIOGRAM & VENOUS ACCESS PROCEDURES:

- Nothing to eat or drink 2 hours prior to the procedure.

### UROLOGY PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.
- Nothing to eat or drink 4 hours prior to the procedure.
- All patients must arrive 30 minutes early.

### DIALYSIS PATIENT INSTRUCTIONS:

- Nothing to eat or drink after midnight prior to procedure, except for morning medication.
- Hold the following medications the day of the procedure: Coumadin/ASA & Plavix.

## XRAY, ULTRASOUND, & BMD PATIENT INSTRUCTIONS



DOCTORS  
IMAGING  
GROUP

**XRAY & Bone Density are  
performed at our VIP OFFICE**

XRAY, ULTRASOUNDS, & BMD

Phone: 352-331-9729 Fax: 352-331-9744

## VIP OFFICE LOCATION



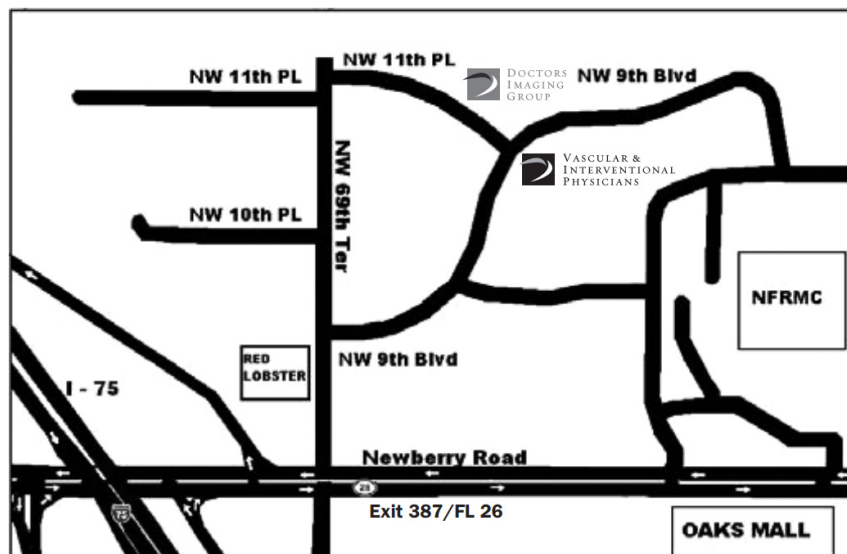
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INTERVENTIONAL  
PHYSICIANS

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Phone: (352) 333-7VIP (7847)

FAX (352) 333-0990

Hours: 7:30 a.m. - 4:30 p.m. M-F



## SEE OTHER SIDE FOR CONSULTATIONS AND EXAMS

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